March 21, 2002
MEDICAID PROVIDERS
MONTANA MEDICAID NOTICE

Prior Authorization Reminders: Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

One means to ensure the appropriateness of an item/service for an individual is to review their medical need for the items/service prior to its delivery. However, the Department's pre-approval of items/services does not guarantee payment over other delivery requirements.

Enrolled Montana Medicaid Providers of DMEOPS must request Prior Authorization (PA), ***prior to the delivery*** *of the following* (Note: In circumstances where another insurance carrier is the primary payer and a payment has been made for the following items/services, PA is not required.):

- Any billed items/services in which the Department fees for any single line on the claim form is greater than or equal to a payment of $1000 per unit; or
- The purchase of wheelchairs and wheelchair accessories if the combined charges for the wheelchair and accessories exceed $1,500 or if the provisions of the above apply; or
- Items/Services identified as requiring PA in the DMEOPS program fee schedule; or
- Covered items/services that are unique in their function/use in comparison to other items/services in the same category.

Current program manuals and fee schedules may be obtained by calling Provider Relations at (800)624-3958 (in state only) or (406)442-1837 for Helena and out-of-state calls. For printed publications, please mail your request to ACS/Provider Relations, P.O. Box 4936, Helena, MT 59604, or you can go online at: www.dphhs.state.mt.us/hpsd

Minimum Required Documentation Necessary for Review: *(Note: Additional documentation may be required by the designated reviewer.)*

- ✓ Prior Authorization Request Form
- ✓ Certificate of Medical Need (If required for the item)
- ✓ Valid Prescription with Supporting Narrative
- ✓ Pertinent Standard Therapy Evaluation
- ✓ Manufacturer Price List and Product Warranty Information

The following information was compiled from medical review experiences by the Department regarding DMEOPS. This "Top 10" List is intended to educate providers of the reasons for which items/services are denied or delayed.

Top 10 Educational Issues for Review Denials:

1. **Documentation does not support medical necessity.** *Evaluations are not complete regarding diagnosis, current functions and goals. List all trials/uses and outcomes of such.*

2. **Documentation has conflicting information.** *Supporting information does not coincide among those involved with the individual. Current documentation conflicts with earlier requests regarding the individual's condition or need without reason.*

3. **Documentation is not complete.** *Make sure that the minimum required documentation, at the very least, is included in your packet. Double check documents and forms for completeness to include appropriate signatures and dates.*

4. **Patient is not eligible for Medicaid.** *Check eligibility before sending in the request. Many individuals must pay a portion of their medical expenses before they are eligible for Medicaid. If this is the case, make sure to point that out to the reviewer.*

5. **Items/Services were not reviewed prior to delivery**. *Requests will be denied if the item was delivered prior to being reviewed if required of such items/services by the Department.*

6. **CMN not appropriate for the item/service to be reviewed.** *Make sure that the required documentation is included in your packet.*

7. **Review is being requested solely for a denial to receive payment from other source.** *Provide non-coverage information available from the Department, i.e. provider manual, notices, newsletters, etc. to requesting payers.*

8. **Inappropriate Coding.** *Research current publications of level II code books for appropriate coding. If a provider is unable to decide on the proper code for a covered item, contact the manufacturer or distributor of the item for coding guidance. Once the appropriate code is determined, review the current DMEOPS program manual and fee schedule for special coverage instructions.*

9. **Requester is not a DMEOPS provider.** *Authorization from the Department is specific to the provider delivering the item/service. Reimbursement can only be provided to enrolled providers of DMEOPS.*

10. **Place of service causing denial of claims.** *Many items of DMEOPS are inclusive to the services provided by nursing facilities. Reimbursement for such services are part of the daily payment rate to the facility. Medicaid provider manuals, bulletins/notices, administrative rules are the best guidelines for covered services.*

If you have any questions regarding the review of DMEOPS, please contact the Prior Authorization Program at 444-0190.